



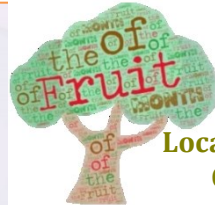
October Moonachie 2021 Elementary



MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
				1 Pizzeria Style Pizza
Weekly Alternate: Grilled Cheese Sandwich				
4 Popcorn Chicken with Dip & a Dinner Roll	5 All-Beef Hot Dog on a Bun with Fries	6 Mozzarella Sticks with Marinara Sauce	7 Chicken Nuggets with a Roll	8 School Closed
Weekly Alternate: Macaroni & Cheese & Dinner Roll				
11 School Closed	12 Mozzarella Sticks with Marinara Sauce	13 Pasta & Meatballs	14 Boneless Barbecue Chicken Wings & Dinner Roll	15 Pizzeria Style Pizza
Weekly Alternate: Stuffed Shells & Dinner Roll				
18 Cheesesteak Hero	19 Macaroni & Cheese with a Roll	20 Chicken Patty Parmigiana on a Roll	21 Cheeseburger on a Bun	22 Pizzeria Style Pizza
Weekly Alternate: Stuffed Cheese Sticks				
25 Maple Pancakes with Syrup, 2 Cheese Sticks & Smiley Potatoes	26 Chicken Griller on a Bun with Fries	27 Stuffed Shells With Dinner Roll	28 Hot Turkey Sandwich with Gravy on a Bun	29 Pizzeria Style Pizza
Weekly Alternate: Pizza Crunchers				

Also Available Daily:

- Monday: Ham on a Kaiser
- Tuesday: Italian Sub
- Wednesday: Tuna on a Kaiser
- Thursday: Yogurt & Bagel Lunch
- Friday: Turkey on a Kaiser



**Locally Grown
Grapes**



**Locally Grown
Peas**



Allergy Aware menus are available for students with food allergies. For more information contact your Food Service Director or see our Food Allergy Best Practices at www.pomptonian.com.

Your comments are important to us. Please e-mail us at comments@pomptonian.com



A Complete Lunch Includes:

- Entrée (with Protein/Grain)
- Milk Choice: 1% White, Skim, or Non-Fat Chocolate

Selections of Fruit/Vegetable

Menu Subject to Change

Your comments are important to us. Please e-mail us at comments@pomptonian.com

"This institution is an equal opportunity provider."



Free meals for all students*



At least 50% of All Grains served w/ your meal are Whole Grain Rich



MOONACHIE

Robert L. Craig Elementary School
ORDER FORM

OCTOBER
2021



Please indicate your breakfast and lunch choice by including the code from the list below in the appropriate box for the days you would like to order. Return each form to the school by 9:00 a.m. on the due date indicated in an ENVELOPE with the exact money OR check made payable to the "Moonachie Board of Education."

Breakfast Codes: [B1] Daily Breakfast

Lunch Codes: [D1] Daily Lunch

Breakfast: No Charge
Reduced Breakfast: No Charge
Free Breakfast: No Charge

Lunch: No Charge
Reduced Lunch: No Charge
Free Lunch: No Charge

"This institution is an equal opportunity provider."

Tear at this line and return in an **ENVELOPE**.

DAY	BREAKFAST	LUNCH
MON		
TUE		
WED		
THU		
FRI 1		
TOTAL \$:		

Please check if your student receives

- Free Lunch
- Reduced Price Lunch

STUDENT'S NAME _____

TEACHER _____ ROOM # _____

CONTACT PHONE # _____ TOTAL \$ _____

NOTE TO FREE BREAKFAST/LUNCH RECIPIENTS:

If you plan to participate in the lunch program, you **must** fill out and return this form.

Please return form by Tuesday, September 20, 2021

DAY	BREAKFAST	LUNCH
MON 4		
TUE 5		
WED 6		
THU 7		
FRI 8		
TOTAL \$:		

Please check if your student receives

- Free Lunch
- Reduced Price Lunch

STUDENT'S NAME _____

TEACHER _____ ROOM # _____

CONTACT PHONE # _____ TOTAL \$ _____

NOTE TO FREE BREAKFAST/LUNCH RECIPIENTS:

If you plan to participate in the lunch program, you **must** fill out and return this form.

Please return form by ber , September 27,2021

DAY	BREAKFAST	LUNCH
MON 11		
TUE 12		
WED 13		
THU 14		
FRI 15		
TOTAL \$:		

Please check if your student receives

- Free Lunch
- Reduced Price Lunch

STUDENT'S NAME _____

TEACHER _____ ROOM # _____

CONTACT PHONE # _____ TOTAL \$ _____

NOTE TO FREE BREAKFAST/LUNCH RECIPIENTS:

If you plan to participate in the lunch program, you **must** fill out and return this form.

Please return form by Tuesday, October 5, 2021

DAY	BREAKFAST	LUNCH
MON 18		
TUE 19		
WED 20		
THU 21		
FRI 22		
TOTAL \$:		

Please check if your student receives

- Free Lunch
- Reduced Price Lunch

STUDENT'S NAME _____

TEACHER _____ ROOM # _____

CONTACT PHONE # _____ TOTAL \$ _____

NOTE TO FREE BREAKFAST/LUNCH RECIPIENTS:

If you plan to participate in the lunch program, you **must** fill out and return this form.

Please return form by Tuesday, October 12, 2021

DAY	BREAKFAST	LUNCH
MON 25		
TUE 26		
WED 27		
THU 28		
FRI 29		
TOTAL \$:		

Please check if your student receives

- Free Lunch
- Reduced Price Lunch

STUDENT'S NAME _____

TEACHER _____ ROOM # _____

CONTACT PHONE # _____ TOTAL \$ _____

NOTE TO FREE BREAKFAST/LUNCH RECIPIENTS:

If you plan to participate in the lunch program, you **must** fill out and return this form.

Please return form by Tuesday, October 19, 2021